

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name
Golden West Telecommunications Cooperative, Inc.

Service Provider Name
Vivian Telephone Company

Company Address, City, State, Zip
415 Crown Street
P.O. Box 411
Wall, SD 57790-0411

Service Provider Type Wireless ☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name
Gwen Davis, Administrative Assistant

Contact Tel #
605-279-2161

Fax #
605-279-2727

E-mail Address
gwendavis@goldenwest.com

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Gregory County, South Dakota

Jones County, South Dakota

Todd County, South Dakota

For each area listed above, identify the emergency response point to which calls are now being routed.

Gregory County, South Dakota – 911 calls are currently routed to the Gregory County Sheriff at Burke, South Dakota (605-775-2626) and will eventually be routed to Douglas/Charles Mix County PSAP in Lake Andes, South Dakota once facilities are in place.

Jones County, South Dakota – 911 calls are currently being routed to the Pierre Police Department in Pierre, South Dakota (605-773-7410).

Todd County, South Dakota – 911 calls are currently being routed to Rosebud Police Department 911 Emergency Services Dispatch System in Rosebud, South Dakota (605-747-4940)

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of September 10, 2002.

Signature



Gwen Davis

Printed name of authorized representative

Administrative Assistant

Title

September 18, 2002

Date

This filing is:



original filing

revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.